

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90175 025 ***150.00

DOCUMENT # P02000113793

1. Entity Name
FIRST ENTERPRISES, INC.



Principal Place of Business
**1883 CHURCH STREET
WEST PALM BEACH FL 33409**

Mailing Address
**1883 CHURCH STREET
WEST PALM BEACH FL 33409**



2. Principal Place of Business

7802 RED RIVER RD.

3. Mailing Address

7802 RED RIVER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST PALM BEACH, FL.

WEST PALM BEACH, FL

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

42-1562936

Applied For

Not Applicable

Zip

33411

Country

FLORIDA

Zip

33411

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRONSTEIN, MICHAEL
1883 CHURCH STREET
WEST PALM BEACH FL 33409**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

7802 RED RIVER RD.

City

WEST PALM BEACH

FL

Zip Code

33411

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

President

(NOTE: Registered Agent signature required when reinstating)

4/12/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRONSTEIN, MICHAEL M**
STREET ADDRESS **1883 CHURCH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **SAME** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **7802 RED RIVER RD.**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **MICHAEL BRONSTEIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/03

Daytime Phone #

561-254-0754

CR2E034 (10/02)